

Texas Department of Banking
2601 N. Lamar Boulevard
Austin, Texas 78705-4294
877-276-5554 (toll-free)
FAX 512-475-1288

Texas Funeral Service Commission
P. O. Box 12217
Austin, Texas 78711
888-667-4881 (toll-free)
FAX 512-479-5064

Texas Department of Insurance
Consumer Protection (111-1A)
P.O. Box 149091
Austin, Texas 78714-99091
800-252-3439 (toll-free)
FAX 512-475-1771

Consumer Complaint Form

The three agencies listed above have jurisdiction over portions of the death care industry. The Texas Department of Banking regulates the pre-paid funeral industry and perpetual care cemeteries. The Texas Funeral Service Commission licenses and regulates funeral homes, funeral directors and embalmers. The Texas Department of Insurance regulates insurance and annuity contracts that fund pre-paid funeral contracts. Please address your complaint to the agency which regulates the portion of the industry which is applicable to your complaint. All of the agencies will forward, when appropriate, copies of complaints to the other agencies involved in the regulation of the death care industry. Please provide as much of the information requested as possible. The information need not be typed and you may attach additional pages as necessary. Copies of any photographs, letters, contracts or other documents pertinent to your complaint should also be enclosed.

Please print legibly.

Your Name	Your Address
Home Phone	City
Work Phone	State Zip

Subject of Complaint (Name of Firm)	Business Address
Business Phone	City
Individual You Dealt With	State Zip

1. Date of problem transaction: _____

2. Please describe your complaint in detail. (Attach additional sheets if necessary.)

3. Have you discussed your complaint with the business? YES/NO If yes, when? _____

What was their response? _____

4. Have you filed your complaint with any other state agency or a law enforcement agency or consulted with an attorney? YES/NO If yes, what agency or attorney? _____

What action did that agency or attorney take? _____

5. Please list the names, addresses and telephone numbers of any witnesses to the alleged act (s):

To the best of my knowledge, the above statements are true and correct.

Signature	Date
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FOR OFFICE USE ONLY:

Date Received:	Case #:	Assigned To:
Date Resolved:	Referral Date:	Referral Agency:
Ref. Agency Contact:	Dual Jurisdiction: YES / NO	Date Referral Resolved: